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AUTHOR	Van Nooten, Nancy
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ABSTRACT

This review evaluates research on the Strategies Intervention Model (SIM) developed at the Institute for Research in Learning Disabilities, University of Kansas. The model is designed to teach learning-disabled and low-achieving adolescents strategies which will enable them to learn and perform independently, show appropriate social and personal skills, earn a high school diploma, and make successful transitions to post-high school settings. The review focuses on learning strategies that enable target students to improve their social skills and generalize the use of specific social skills. The review analyzes the social competence definition, the target population, training procedures, evaluation procedures, generalization effects, and implications. The review concludes that the SIM Social Skills Curriculum appears to be a useful tool in social skills training for students who present social skills deficits. The question of generalization and long-term effect is yet to be answered as data accumulates. (Contains 23 references.) (JDD)

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A Social Skills Curriculum

Nancy van Nooten

Dominican College, San Rafael

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Introduction:

The purpose of this review is to evaluate the research to date on the Strategies Intervention Model (SIM) developed at the Institute for Research in Learning Disabilities (IRLD), University of Kansas, and implemented in various educational settings across the country. This model is designed to teach learning disabled and low achieving adolescents strategies which will enable them to learn and perform independently, show appropriate social and personal skills, earn a high school diploma, and make successful transitions to post high school settings. The institute researched and developed a curriculum which includes strategy training for academic skills, social skills, modified materials, and instructional procedures, as well as the means to evaluate both immediate and long term results.

Statement of the Problem:

Are there learning strategies which effectively enable students with learning disabilities or low achievement scores to improve their social skills, and can such students be taught to generalize the use of

specific social skills over a variety of settings, within and beyond the academic milieu?

Rationale:

Numerous studies document the observation that social skills deficits are present in all categories of exceptional children, (Strain & Odom, 1986); that such deficits tend to become increasingly debilitating without intervention, (Strain, 1981); that they are part of an overall general disfunction found in learning disabled adolescents, (Deshler, Schumaker, Warner, Alley, & Clark, 1980; (Schumaker, Deshler, Alley, & Warner, 1983); and that a variety of effective treatment outcomes have been observed after interventions of different kinds, (Hazel, Shuman, Schumaker, & Sheldon, 1990).

Background and Need:

In the article written in 1983 by Schumaker, Deshler, Alley, and Warner of the University of Kansas, the authors summarize the results of their epidemiological studies which were carried out to determine the nature of deficiencies of learning disabled adolescents as compared with other low achieving students (Deshler et al., 1980, Deshler &

Schumaker, 1983, Schumaker et al., 1983). They describe LD adolescents as performing poorly in all achievement areas, which suggests that their disabilities are general. The researchers found that LD students reach a plateau of basic skills during the secondary grades, and that they demonstrate deficiencies in the following areas: study skills and strategies, notetaking, listening comprehension, monitoring, writing errors, test taking, scanning, executive functioning, and social skills. On the basis of these observations the researchers developed SIM which includes the following components: learning strategies curriculum, social skills curriculum, instruction and materials modification, instructional modification, motivation, and evaluation techniques. The learning strategies curriculum they developed offers procedures for teaching strategies for gaining information from written and oral materials, and has 16 components. The social skills curriculum is intended to teach adolescents specific social skills and to generalize their use. It has 30 skills, involves learning in which situations social skills can be used, how to discriminate which skill is appropriate to the

situation, and how to carry out the skill. Studies on the use of the curriculum are described by Hazel, Schumaker, Sherman, and Sheldon-Wildgen, 1981a; Hazel et al., 1982; Schumaker and Ellis, 1982.

This curriculum was written for and used with mildly handicapped adolescents, specifically adolescents with a reading level of at least 4th grade. Of additional interest to teachers of LD and low achieving students is the possibility of using it successfully with elementary age students in grades 3 to 6 and of making adaptations for students below 4th grade reading level by using audio tapes or by reading aloud in a whole class setting. Because a role playing strategy is used as a major part of the instruction, it seems worthwhile to use the curriculum with younger students who show disabilities similar to those of the original research population. In fact the authors suggest that the curriculum be used with nonhandicapped adolescents who are lacking in social skills. The curriculum was tested in Kansas and targeted for three groups of mildly handicapped youths ranging in age from 12 to 21 years: the LD, the mildly mentally retarded, and the emotionally disturbed. Future research in

different parts of the country and with elementary age children can possibly verify the usefulness of the curriculum broadly with respect to age and geography, as will as with severely emotionally disturbed and behaviorally disordered youth.

The Social Skills Curriculum consists of a set of 30 skill workbooks each containing awareness, practice and application material for one of the targeted skills. There are also 13 comic books, each of which illustrates the use of a cluster of related skills through science fiction stories. The learners answer questions in booklets as they learn each skill. Included are rating scales for both learner and instructor so that pre and post evaluations can be mad. and initial placement in the curriculum can be determined. The instructor is given tools to manage and organize the material. In addition to the workbooks, the practice section suggests role playing scenes in which the learners can practice the social skill, and other learners can identify skills performed. "Bonus missions" are used to encourage application of the new skills to settings beyond the learning milieu.

Review of the Literature:

Model Used to Define Social Competence:

A social deficit model was used by the University of Kansas researchers in their attempt to determine what social skills needed to be taught. Vaughn, McIntosh and Hogan, 1990, questioned the validity of a social deficit model in favor of a contextualized model. They see social skills as only part of a picture of social competence. In their view social competence involves positive relationships with others, - peers, family, community,- accurate and age appropriate social cognition involving problem-solving, self-perception, judgment about the feelings of others, motivation, absence of maladaptive behavior such as aggressiveness, attention disorder, anxiety, disruptive conduct, self-control, and knowledge of effective social behaviors. With young children the focus on social behaviors is on outgoing/initiating and cooperating/responding. These researchers emphasize the contextual circumstances of social interactions including the behavior of the child, the social environment and the social values of the milieu. Peer acceptance is highly related to social competence in

their view. They draw their theoretical ideas from the work of Piaget, 1985, and Vygotsky, 1981, both of whom viewed the understanding of self and others as a joint view of social reality. From a contextualist point of view the social deficit model fails to incorporate environmental influences and the values of the culture or subculture in which the child exists. The deficit model sees the child as the problem in that skills are lacking in the behavioral repertoire, and seeks to change this lack of social competence by training in behavioral skills. Vaughn, McIntosh and Hogan (op.cit.) see social skills as part of the social interaction but note that in their research improvement in social skills alone does not change social status. Their research involves pairing children with poor social competence with those with greater social competence and peer acceptance and having these pairs teach others. The initial results of their work indicate that this method increases the likelihood of success.

Hazel, Sherman, Schumaker, and Sheldon (op. cit.), in a review of group social skills training with adolescents, discuss their rationale for adopting a

social deficit model. They have found in their ten years of research with LD youth that large numbers of adolescents fail to learn behaviors which facilitate social competence and that social skills training can teach them alternative ways of interacting socially. Theirs is a pragmatic approach to the problem, addressed at the behavioral level. Given obvious social skills deficits, specific skills can be taught that fill in gaps in an individual's behavioral repertoire. Deficits might be derived from any number of reasons but can be effectively alleviated by training and encouragement and practice using alternative behaviors in natural settings. Their research has focused on content and procedures, identification of areas of deficiency and choice of appropriate skills to remediate deficiencies. Then they chose appropriate procedures and content for teaching each skill, and gathered data to evaluate effectiveness and generalizability of the training.

The researchers at IRLD define social competence in behavioral terms thus:

when we refer to a person as being socially competent or socially skilled, it indicates that the person has displayed a repertoire of behaviors in interacting with others that are judged to be appropriate and successful ... based on the judgments or opinions of other people (Hazel et al. Ibid p. 206).

They emphasize that such judgment would have predictive value, so that observers of past behavior and those of future behavior must have common criteria and common expectations. Further, they point out that there are commonly held notions about appropriateness, purposes in social interactions, and what success means, surrounded by the complex set of circumstances in which social interchange occurs. Thus they do not deny contextual circumstances in social situations, but select those skills that can be agreed upon as important, trainable, and can generalize to natural settings. Given the complexity with respect to persons, places and circumstances, they state that there can be no total agreement about methods for

determining what social skills should be taught for particular social problems, how they should be grouped or defined, or how to establish component behaviors of these skills. In reviewing the literature on how social skills are selected for remediation, they cite clinical and professional experience, peer criticism and acceptance, interviewing or surveying program learners and significant others, observations of trainees in social interactions, and a combination of these methods. The Social Skills Curriculum from the University of Kansas was created through such a combination. Skills were identified through a review of the literature, a survey of mildly handicapped persons, teachers, and parents and validated by teachers and experts in the field of the mildly handicapped and experts in the field of social skills. This process led to the selection of 30 social skills commonly identified as needed by the target population.

Target Population:

The population studied for the development of the SIM Social Skills Curriculum was of mildly handicapped adolescents and young adults, age 12 to 21. The question arises as to whether this curriculum can be

used justifiably for younger children, for instance from age 8 to 12, and with a broader range of handicapping conditions, - severe emotional disturbance and behavior disorders. The curriculum has a reading level of 4th grade but can be used in group situations with students who have below 4th grade reading skills because the writing part requires filling in blanks with words already used numerous times in the script. The reading can be done aloud by those in the group who can read, or with the use of audio tapes. Much of the practice section involves role playing, both participating and observing. The comic book dialogue can be read aloud in group training sessions.

Bryand and Lee (1990), in their review of social skills training with learning disabled children point out that a cumulative body of research since the '30s demonstrates that there is a relationship between poor peer relationships in childhood and adult maladjustment. The research on LD children focused on social skills problems is of more recent origin, since 1980, but indicates that these students are more likely to receive low scores on sociometric scales than higher achieving peers (Bryan & Bryan, 1990). Low acceptance

by peers is taken as one indication of social skills deficits. Other studies took other measures of social cognition and communication skills such as expressive language, which would hamper social competence, and found learning disabled children less able than peers (Donahue, Pearl & Bryan, 1983; Saloner & Gettinger, 1985; Wong & Wong, 1980). The review written by Bryan and Lee (op.cit.) summarized the results of social skills training with students with learning disabilities, including a number of studies with younger children. These studies showed increased frequency of use for targeted skills in structured settings.

One study involved severely emotionally disturbed youngsters in a social problem-solving training program in which they demonstrated significant gains in the number of alternatives generated in problem situations (Amish, Gesten, Smith, Clark & Stark, 1988). Schneider and Byrne, 1987, individualized social skills training with two groups of behavior disordered children and demonstrated that both groups showed an increase in cooperative behavior. It seems reasonable to use the SIM Social Skills Curriculum with younger children,

with severely emotionally disturbed and with behavior disordered children and not confine its use to LD, mildly retarded and mildly disturbed adolescents. It is potentially useful for social skills training with children 8 years and above, especially when a group situation is the only practical way to teach such children.

In a recent review of the literature on social skills intervention, Vaughn et al. (op.cit.) looked at 7 studies selecting elementary students, 5 studies selecting middle school students, and 7 selecting high school students as subjects. One study utilized an age range from 5 to 13 years (Grayson, Gadow & Sprafkin, 1987). Studies done with elementary age and high school students reported greater success than did studies on middle school students, suggesting that there may be developmental stages during which children are more receptive to social skills training.

Training Procedures:

Hazel et al. 1982 (op.cit.) describe most group skills training procedures as based on the assumption that the social skills chosen for inclusion are those absent from the student's repertoire and are designed

to help the youths acquire the new skills. There are usually four components to the skills training, and these are all contained in the SIM Social Skills Curriculum. First, there are descriptive procedures designed to explain what the skill is and why it is important, where it can be used, and the specific steps involved (Hazel et al. 1981b). The verbal description of the skill involves an operational definition, for example in defining resistance to peer pressure, the definition given is "Resisting peer pressure is the skill of saying `No' to your friends when they are trying to talk you into doing something that might get you into trouble".

Next, a rationale is presented to induce a verbal discussion about the skill which can help motivate the student. For example in resisting peer pressure the rationale presented could be "If you are able to say `No' to your friends in a nice way, you will be more likely to keep your friends and less likely to get into trouble with authorities". A third descriptive step is a discussion of the general characteristics of situations in which the skill can be used as well as examples of specific situations. SIM Social Skills

Curriculum excells in the use of concrete examples of where a skill may be used, as well as drawing comparisons between situations which have a similar need for the new skills to be learned. Both verbal and nonverbal parts of the skill are taught, modelled, practiced and used in the training setting and the student is encouraged to apply the skill outside the training setting, bringing such examples back to the other trainees to model. In a group training situation many examples of the skill will be brought into the discussion and practice sessions, which is one of the chief advantages of having several participants. It also demonstrates how the particular skill can be used in different settings, or how it can generalize to new situations.

A second teaching procedure involves the use of modelling, consisting of a simulated presentation of the skill. This might include both good and poor models as described in a study by Heimberg et al., 1982, the use of imagery as done by Pentz and Kazdin, 1982, and videotapes as used by Hazel et al. 1981a (op.cit.). The Social Skills Curriculum contains many suggestions for trainee and observer to role play

examples of each skill, and to invent their own role playing situations in which the skill can be used. Performance to 100% criteria for each participant is recommended. The advantage of having the participant both observe and take part in role playing each new skill is that in thinking up situations motivation is enhanced and problem solving is involved. The involvement engendered by this technique is intense. Observing others playing roles encourages metacognition of the presence or absence of the targeted social skill. Both prearranged roles and suggestions for encouraging students to try out their newly acquired skills in other settings is contained in the Social Skills Curriculum. Also, students are encouraged to bring in their own examples from their living situations. The performance to 100% criteria for each participant is needed to ensure success of the generalization phaze of the training.

Application procedures include assignments to try the new skills in outside setting and to make notes (Hazel et al. 1981b) and discussions of these efforts before the next practice session. Role playing situations in which a new skill is highlighted is both

a modelling device and a practice session. Because practice is the third and most critical component of the behavioral rehearsal of a new skill, the sessions can be extended beyond those suggested in the curriculum guide, if needed. In a group situation the experiences of each participant can be included, extending the practice sessions considerably both in number and in range of settings or contexts. This part of the training does not involve reading or writing, does involve everyone, is enjoyable and likely to capture the interest and attention of all participants.

A fourth component of social skills training is feedback, which lets the learner know whether a performance of the skill is appropriate or not. It can be given by the leader or teacher, the trainees to each other, videotaped for post practice discussion, or some combination of these measures. The advantage of whole group training is in increasing the amount and nature of the feedback. The authors of the program affirm that positive feedback provides crucial social reinforcement.

Evaluation Procedures:

The Social Skills Curriculum uses a series of

assessments made before, during and after training, combining questionnaires for both learner and observer, student and teacher, and role playing observations. The study conducted by the Hazel et al., 1981b (op.cit.), used a multiple-baseline-across-skills design to assess changes in skill level as well as a comparison group design. They found an increase in the use of each social skill as it was trained and also less recidivism in the trained group as compared with untrained subjects. In their recent review of the literature on group social skills training with adolescents Hazel, Sherman, Schumaker & Sheldon, 1990 (op.cit.) found that generally positive changes are found following training. The majority of the studies reviewed used questionnaires, observations of behavioral role play performances, or a combination of these two procedures.

Generalization Effects:

Given that positive results are observed during and after training in a particular setting, an important issue arises with respect to long-term effects, transfer of training to similar situations in other real life settings, and overall increase in

social competence. Use of role playing situations that are new to the student but occuring in the same setting only indicate the ability to use the training, and only after practice to 100% criterion, reported Hazel et al. in their 1981b study (op.cit.) Schumaker and Ellis, 1982 (op.cit.) did not find use of the skill in other settings after role playing the behavior in a particular setting. Several other researchers mentioned in the review by Hazel et al., 1990 (op.cit.) used direct observation of skills outside the training setting and did find generalized use of the trained skills. Another group of studies utilized behavior checklists for parents and teachers and found fewer behavioral problems after social skills training. IRLD researchers recommend that several measures of generalization be used after training, both indirect as in questionnaires, and direct as in observation of behavior over time. More data of this nature must be collected to determine the long range effects and transfer of training to other settings. At present this important issue is unresolved, though tentatively positive results have been noted in some cases.

Implications:

Reviews of the literature on social skills training with different curriculum models do on the whole find positive results (Bryan & Lee, 1990 op.cit.; Hazel et al., 1990, op.cit.). Yet comparisons among such studies yield only tentative confirmation of the effectiveness of social skills training because of the large number of variables operating in this kind of research. Individual characteristics of the subjects in these studies varied widely in terms of age range, sex, sociometric status, which is a variable of importance in some studies but not included in others. Also the developmental stage and measurement of pre-training social competence, cognitive and communication skills levels of mastery are some other variables relating to subject characteristics.

Numerous situational variables also enter the picture. Appropriateness of the skills training to individual deficiencies and to the situations likely to be experienced, complexity of situations, differences in content, procedures, techniques and individual differences among trainers are variables which would likely result in different outcomes. Last, evaluation

of generalization effects and transfer of training are difficult to assess if different curricula are used. All these variations make comparisons between studies difficult. Yet the need for intervention techniques in the social realm continue to be in demand by teachers and all who work with children handicapped by learning disabilities, emotional disturbance and behavior problems. This demand justifies the continued attempt to teach and assess the usefulness of social skills training.

Conclusion:

The SIM Social Skills Curriculum appears to be a useful tool in social skills training for those involved with students who present social skills deficits, especially when observation of their behavior indicates such skills are not in their behavioral repertoire. It is a common observation that learning disabled, emotionally disturbed and behaviorally disordered youth have in common limited social competency. If the users of the curriculum make use of the evaluation procedures included in the model, a continuing accumulation of data can help evaluate the long term effects and transfer to real life settings.

At present the curriculum needs to be used with an expanded age range, and a more diversified population, and data collected on social skills before, during and after training, using both direct and indirect measures of performance. Testing at intervals of months and even years past the training period would help with the evaluation of transfer and long term effects.

Studies using different intervention models or different research methods are difficult to compare. In general however, they indicate that social skills can be taught. The need for teaching these skills is definite and apparent to teachers and counsellors of students with learning, emotional and behavioral problems. The SIM Social Skills Curriculum is one well thought out and developed model which fulfills this need. The question of generalization and long term effect is yet to be answered as data accumulates. It is hoped that students who learn new behaviors can be observed a year or years after the intervention to see what skills they apply to life situations and to peer interactions in particular.

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